

# FAX

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**ATTN.** Jamal A. Fox

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**Fax Number** 1 571 273 8300

**Phone Number** 571 272 3143

**FROM** Volel Emile, Esq.

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**Fax Number** 512 306 0240

**Phone Number** 512 306 7969

**SUBJECT** Supplemental Amendment (10/087,939)

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**Number of Pages** 10

**Date** 8/9/2006

**MESSAGE**

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This fax communication contains:

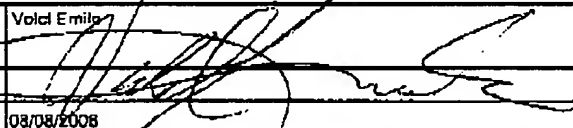
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Approved for use through 07/31/2006. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/087,330
	Filing Date	02/27/2002
	First Named Inventor	Deanna Lynn Quigg Brown
	Art Unit	2804
	Examiner Name	Jama A. Pro
Total Number of Pages in This Submission	Attorney Docket Number	AUS920010896US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	Volel Emile	
Signature		
Date	03/08/2006	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Volel Emile	
Signature		Date 03/08/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-6199 and select option 2.

Appl. No. 10/087,939  
Transmittal of Supplemental Amendment, dated 08/08/2006  
Reply to Office Action of 11/16/2005

**AUG 09 2006**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:	:
Deanna Lynn Quigg Brown	:
	: Before the Examiner:
Serial No: 10/087,939	: Jamal A. Fox
	:
Filed: 02/27/2002	: Group Art Unit: 2664
	:
Title: APPARATUS AND METHOD	: Confirmation No.: 5277
OF MAINTAINING TWO-BYTE IP	:
IDENTIFICATION FIELDS IN IP	:
HEADERS	:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

☐ No additional fee is required  
☒ The fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	12	MINUS	20	=	0	x 50 =	\$ 0.00
Indep.	4	MINUS	4	=	0	x 200 =	\$ 0.00
1st Presentation of Multiple Dep. Claim						x 360 =	\$ 0.00

TOTAL \$ 0.00

       Please charge my Deposit Account No. 09-0447 in the amount of \$ 0.00.

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Appl. No. 10/087,939  
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Reply to Office Action of 11/16/2005

A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

X Any additional fees required under 37 CFR §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 CFR §1.17.

Respectfully Submitted

By: 

Volel Emile  
Attorney for Applicants  
Registration No. 39,969  
(512) 306-7969

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Page 2 of 2

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Title: APPARATUS AND METHOD	: Confirmation No.: 5277
OF MAINTAINING TWO-BYTE IP	:
IDENTIFICATION FIELDS IN IP	:
HEADERS	:

**SUPPLEMENTAL AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of November 16, 2005, please amend the above-identified Application as shown below and consider the following Remarks.

**A listing of the pending CLAIMS** begins on page 2 of this paper.

**Remarks** begin on page 6 of this paper.

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